

# **Status of Children's Mental Health in Missouri**

## **Comprehensive Children's Mental Health System**

### **Annual Report – August, 2008**

#### **Overview**

##### **Partnership to Develop a Child Mental Health System**

State statute at 630.097 RSMo, established a partnership between the Department of Mental Health (DMH), agencies represented on the Children's Services Commission, community stakeholders and families.

<http://www.senate.mo.gov/04INFO/billtext/SB1003.htm> *The purpose of the partnership is to develop Missouri's Comprehensive Children's Mental Health System.*

Implementation of the system is guided by the Comprehensive Children's Mental Health Plan.

<http://www.dmh.missouri.gov/diroffice/depdire/childevcs/Final%20CCMHP.pdf>

##### **Leadership to Develop the System**

Through Section 630.1000 RSMo, the Office of Comprehensive Child Mental Health (Office) within the DMH leads the development of the Comprehensive Children's Mental Health System. The Office staffs the Comprehensive System Management Team (CSMT), the Stakeholders Advisory Group (SAG) and the Clinical Advisory Council (CIC). The Office also coordinates clinical and system consultation to all other child-serving departments that are part of the Children's Services Commission.

##### **The Annual Update**

The Department of Mental Health is required to produce an annual report to detail the implementation of the Comprehensive Mental Health Plan for Children. This report is organized to illustrate overall progress with regard to the several goals expressed in the Comprehensive Plan. Rather than restate each of the goals of the plan, this report addresses four basic goals identified by the CSMT to organize the implementation of the Plan:

1. Families retain custody of children with mental health issues
2. An infrastructure for System of Care is built
3. An Array Of Services and Supports is developed
4. Stakeholders are educated

This Report reflects progress through fiscal year 2008 towards meeting these goals.

## 1) Families Retaining Custody

### **Issue**

Some Missouri families could not access appropriate mental health services unless they relinquished custody of their child.

### **Progress**

A custody diversion process was established. By the end of fiscal year 2008, 734 families had been referred into this process. Of those families 701 (96%) had been diverted from custody. Of those diverted, 236 (34%) were supported in their community.

### **Goal met**

Children can be diverted from state custody when effective communication occurs across child-serving agencies and resources exist to respond to the urgent needs of families. Likewise, with interagency communication and collaboration children can be returned to their parents' custody while still receiving the mental health services they need.

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## 2) Building Infrastructure

### A. Assessing Mental Health Services

#### **Issue**

Assessment of mental health needs is critical to the development of the proposed system. There was no mechanism across agencies to compile needed data which included: levels of functioning identified needs, service utilization and financial expenditures.

#### **Progress**

Although a state child systems "data warehouse" has been endorsed, there has been no progress towards development since the end of 2006. The final phase of development is now under review.

#### **Remaining**

A final data warehouse design must be completed and then implemented.

### B. Policy Development & Administration

#### **Issue**

An organizational structure did not exist to organize and implement the Comprehensive Child Mental Health Plan.

#### **Progress**

- The staffing structure for the Office was finalized: FTE Director, FTE System of Care Coordinator, .50 FTE Family Support Coordinator, .50 FTE School Specialist, .50 Fiscal Officer, .50 Administrative Support. All staff members are in place.

- The CSMT continues to provide oversight for children's mental health policy and this year developed a strategic plan. Many of the goals on the strategic plan have already been achieved. (See Report Card in appendix.)
- The SAG has added new membership including a youth and has revised goals and committee assignments.
- Comprised of an elite field of mental health professionals, the CAC is called upon when clinical advice is needed.

**Goal met.**

**C. Transformation Grant**

**Issue**

Need to develop infrastructure on data collection, finance, community development and overall development of a comprehensive approach for mental health service delivery for children in Missouri.

**Progress**

The proposal from *Creating Communities of Hope – Missouri's Mental Health Transformation State Incentive Grant* was endorsed by the federal government (SAMHSA). The developing *Communities of Hope* endorsed the Comprehensive Child Mental Health System as the child component within *Communities of Hope*.

**Remaining**

*Communities of Hope* implementation continues across the state.

**D. Financing**

**Issue**

Neither Section 630.097 RSMo nor Section 630.1000 RSMo was funded. Implementation of the Comprehensive Child Mental Health System cannot be completed without funding.

**Progress**

- A budget item for FY 2008 was submitted for the expansion of the Comprehensive Children's Mental Health System. That item was not funded.
- A FY 2009 budget item for school based mental health was supported by the Governor. However, the measure failed to receive Legislative approval in the appropriation process.
- MOHealth Net established four services as Medicaid reimbursable for children enrolled in the DMH Community Psychiatric Rehabilitation Program:
  - Day Treatment
  - Family Support
  - Family Assistance
  - and Psychosocial Rehabilitation for Children & Youth
 However, no additional match dollars have been obtained.
- MoHealth Net approved the School Based Mental Health Program to provide Medicaid funding for eligible children and eligible mental health services.

**Remaining**

Funding is needed to broaden implementation to a systems level in the state.

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**3. Array of Services and Supports****A. Functional Assessment****Issue**

The need for consistency in assessment of mental health needs across the child serving systems.

**Progress**

The Office worked to implement the Child and Adolescent Functional Assessment Scale (CAFAS) across its three divisions. To date, only the DMH division of Comprehensive Psychiatric Services has implemented the CAFAS.

**Remaining**

The Division of Alcohol & Drug Abuse (ADA) is considering utilization of the CAFAS. The Division of Mental Retardation/Developmental Disabilities has yet to review the CAFAS.

**B. Individualized Assessment & Service Planning****Issue**

Need for individualized service planning that builds on family strengths and community support.

**Progress**

Missouri has endorsed High Fidelity Wraparound as the gold standard for individualized service planning. The SAMHSA funded Youth in Transitions – St. Louis System Care is utilizing the national Wraparound pioneer John Vandenberg to assist in transforming the St. Louis child-serving system to high fidelity wraparound. Vandenberg is also assisting St. Louis certify local trainers who will perpetuate wraparound training and implementation after SAMHSA funding has ceased. Another SAMHSA funded site at the other end of the state St. Joseph's Circle of Hope is also using Vandenberg and is dovetailing with and reinforcing the St. Louis plan.

**Remaining**

Providing training and coaching in high fidelity wraparound throughout the child serving systems statewide.

**C. Evidence Based Practice****Issue**

Services that are offered to families must be “evidence based” and in keeping with best clinical practices.

## **Progress**

- DMH applied for a SAMHSA grant that would provide training to local providers for evidence based trauma related assessments and services. Results of that application will be known this fall.
- DMH Administrative Agent BJC-Behavioral Health is developing an evidence based trauma initiative and a corresponding FY10 budget item has been submitted to the Governor's Office.
- The Transformation effort has convened a committee to define Missouri standards for evidence based practiced.
- Many children and youth within the juvenile justice system are impacted by trauma and other mental health challenges. The Office of State Courts Administrator (OSCA) and DMH received a field demonstration grant through the Office of Juvenile Justice and Delinquency Prevention. This grant is to promote quality assessment guidelines and implementation of evidence-based practices for the juvenile justice population with mental health needs. Five local sites were trained in assessment guidelines and in an evidence based practice. The practice was to meet local needs along with sustaining a local policy infrastructure to support it.

## **D. Prevention**

### **Issue**

Prevention is a critical service that must be integrated into Missouri's system of care and be a part of services from child serving agencies.

### **Progress**

Two prevention programs are being proposed.

- First, school based mental health will be proposed again this year with an appropriation request of \$7.3 million.
- Second, a grant application for "Bright Futures" has been submitted to the Missouri Foundation for Health requesting \$300,000 to support the development and implementation of the program in three communities in the state.

### **Remaining**

Funding must be obtained.

## **E. Early Childhood:**

### **Issue**

Need to strengthen collaboration and promote effective early childhood supports.

### **Progress**

- DMH staff serve on the *Coordinating Board for Early Childhood, the DESE State Interagency Coordinating Council, and the DHSS Early Childhood State Plan.*
- The Early Childhood Mental Health Summit was held in the summer. (See Appendix.)

## F. Evaluation and Monitoring for Quality Services

### **Issue**

The child mental health system must be outcome based.

### **Progress**

The second round of Quality Service Reviews (QSRs) has begun in each sanctioned system of care site. (See QSR in appendix.) To date results are showing that between 60% and 70% of the children with the most complex needs are improving in the key areas of

- safety,
- staying in school,
- and emotional and behavioral well-being.

At the system level, reviews reflect the evolutionary nature of system of care development with the more established sites showing the most creativity and flexibility in working collaboratively to meet the needs of children. The reviews consistently identified three major cross-site issues:

- the need for universal screens addressing trauma and “at risk”;
- planning for transition and independence;
- improved communication with school personnel.

### **Remaining**

Establish an ongoing QSR process for system of care sites along with a follow-up protocol to improve problems that were identified by the QSR. To establish this continuing QSR process there must be staff support for ongoing recruitment and training of the reviewer pool along with data management.

## G. School Based Activities

### **Issue**

Need to identify and integrate mental health policy, resources and programs into the school structure.

### **Progress**

- DMH/Transformation has funded a Childhood Education Specialist within the Office.
- A school based mental health resource kit is under construction to assist communities design, implement, fund and evaluate school based mental health programming that is responsive to local needs.

### **Remaining**

Funding must be obtained to implement school based mental health.

## H. Application of Knowledge Gained From Federally Funded Missouri System of Care Sites

### **Issue**

Need to use learnings from projects that have been supported by federal funds as well as those that have been unfunded.

## **Progress**

- Published in 2007 and revised in 2008, *Stats Blast* is a report of the success of Missouri's federally funded system of care projects. (See appendix.)
- The Missouri Institute of Mental Health (MIMH) produced a report on the outcomes of the SAMHSA funded sites that correlate with success that has been reported annually (See appendix).
- MIMH is in process of developing a historical report of *Lessons Learned* from system of care evolution in Missouri. (See appendix.)

## **Remaining**

Information from *Stats Blasts*, from *Lessons Learned* and from other reports must be organized and leveraged within social marketing efforts.

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## **4. Stakeholders are Educated**

### **Issue**

Stakeholders including parents must be in a full partnership with the children's mental health system. A critical component of this partnership is education.

### **Progress**

- Soc-mo.dmh.mo.gov, the statewide System of Care Website was implemented this year. The website includes information of interest to all audiences within the stakeholder community including families, youth, providers, agencies, schools, etc.
- A wraparound based four-day Family Support training was conducted for direct line staff and supervisors
- NAMI received a grant to connect the family organizations in the state related to child mental health issues
- Family Bridges in southwest Missouri worked on sustainability and held its second annual statewide conference
- An active group of families in St. Joseph is considering forming a formal organization
- Family Advocacy & Community Training (F.A.C.T.) has completed a year-long, formal mentoring process with the St. Louis family organization Our Voices Our Choices (OVOC)
- OVOC is preparing to hire its first Executive Director.
- Two youth groups have evolved:
  - Youth Standing Tall in southwest Missouri
  - Honesty Opens Peoples Ears (HOPE) in St. Joseph
- The Missouri Institute of Mental Health (MIMH) is developing a "Lessons Learned" document that will illustrate a historical perspective of Missouri's system of care experiences
- The quarterly System of Care Newsletter continues to be produced
- Monthly Cooperative Agreement meetings continue with the addition of the SAMHSA technical assistance coordinator